

**APPLICATION DATA SHEET****Application Information**

Application number::	<u>10/698,955</u>
Filing Date::	<u>10/31/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	USE OF THIOL-BASED COMPOSITIONS IN TREATING CHEMOTHERAPEUTIC AGENT- INDUCED THROMBOCYTOPENIA
Attorney Docket Number::	720109.404
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	National Institutes of Health
Contract or Grant No::	R01 NS44697 and NS33618
Secrecy Order in Parent Appl.?::	No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Edward
Middle Name:: A
Family Name:: Neuwelt
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: Oregon
Country of Residence:: US
Street of mailing address:: 4246 SW McDonnel Terrace
City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97201

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nancy
Middle Name:: D
Family Name:: Deolittle
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: US
Street of mailing address::

City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address::

Second Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Leslie
Middle Name:: L
Family Name:: Muldoon
Name Suffix::
City of Residence:: Tigard
State or Province of Residence:: OR
Country of Residence:: US
Street of mailing address:: 11155 SW 81ST Avenue
City of mailing address:: Tigard
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97223

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional claiming the benefit under 35 USC 119(e) of	60/423,349	10/31/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Oregon Health & Science University
Street of mailing address::	2525 SW 1st Avenue, Suite 120
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97201

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